

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/070565** FILING DATE

CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1		1			51			
2		1			52			
3			1		53			
4					54			
5					55			
6					56			
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41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TAL D.		1			TOTAL IND.			
TAL P.	2				TOTAL DEP.			
TAL AIMS		2			TOTAL CLAIMS			